


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**


**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000000771</b> 1. Entity Name <b>THE BRIDLEWAY PARTNERS, LTD.</b>	
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Principal Place of Business <b>17270 BRIDLEWAY TRAIL BOCA RATON FL 33496</b>	Mailing Address <b>17270 BRIDLEWAY TRAIL BOCA RATON FL 33496</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number <b>06-1359890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>HELLMAN, MAYNARD 17270 BRIDLEWAY TRAIL BOCA RATON FL 33496</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable DATE _____	9. Capital Contributions as Shown on record. <b>\$460,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. - GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>FELDMAN, JEANNE C</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>16 HIDDEN CREEK CIRCLE</b>		
CITY-ST-ZIP	<b>PITTSFORD NY 14534</b>		
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE: JEANNE C. FELDMAN** **JEANNE C. FELDMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
1/28/05 561-997-2914  
Date Daytime Phone #

STAPLE CHECK HERE